



**INDEPENDENT
POOL & SPA
SERVICE ASSOCIATION, INC.**

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MATCHING GRANT REQUEST FORM

Date of Request: _____

Chapter Name: _____

Charity Name: _____

Amount*: _____

Additional Notes: _____

Regional Director Approval**: _____

BORD President/CFO Approval**: _____

*Please provide documentation for this request and attach to the back of this form before submitting

**All matching grants must be approved by your Regional Director and then submitted to the BORD President or CFO for approval.